



Virtual Presentation

- Welcome to MDHHS Virtual Presentation
- The presentation will begin momentarily
- You may download documents, including this presentation along with the Adobe user guide, from the File Pod located in the upper right-hand corner of the webpage
- Within the Web Link Pod you will find the Provider Relations Training Evaluation
- Within the Chat Pod you are welcome to submit your questions during the presentation OR
- A Q&A will be held at the end of the presentation for questions

Please note: Audio is via your computer speakers.



Enrollment Requirement for Prescribers September 17, 2019

“Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time.”

-Provider Relations

Agenda

- Enrollment Requirement
- Provider Enrollment Website
- CHAMPS Enrollment Types
 - Rendering/Servicing
 - Individual/Sole Proprietor
- Provider Resources

Enrollment Requirement

[MSA 19-20](#) - Enrollment Requirement for Prescribers

Effective October 1, 2019, providers who prescribe drugs to Medicaid beneficiaries must be actively enrolled in the Community Health Automated Medicaid Processing System (CHAMPS) – the state's online Medicaid enrollment system.

Enrollment Requirement

- [MSA 19-20](#)
- The purpose of this bulletin is to enforce federal Medicaid enrollment requirements that apply to providers who prescribe drugs to Medicaid beneficiaries. These requirements ensure the protection of Medicaid beneficiaries by strengthening program integrity and care quality.
- These requirements are outlined in Section 6401 of the Patient Protection and Affordable Care Act and Section 5005(b)(2) of the 21st Century Cures Act.

Enrollment Requirement

Effective October 1, 2019

Prescribers

Claims for drugs prescribed by a provider who is not enrolled in CHAMPS will be denied.

Pharmacies

Claims will be denied with edit NCPDP Code 889: *"Prescriber Not Enrolled in State Medicaid Program"*

Enrollment Requirement

- The intent of this webinar is to promote the federal requirement of provider enrollment with guidance for prescribers through our Medicaid system, CHAMPS.
- However, at the pharmacy point of sale there will be allowances for emergency overrides and emergency circumstances.
 - In instances when a beneficiary must receive their prescription medication the pharmacy may override the NCPDP Code 889 edit.
- [MSA 19-20](#)

Provider Enrollment Webpage

www.Michigan.gov/MedicaidProviders >> Provider Enrollment

Medicaid Provider Information - www.michigan.gov/medicaidproviders

This page provides information for healthcare providers who provide services to Medicaid beneficiaries or would like to enroll as a Medicaid provider.

It provides links to CHAMPS, billing and reimbursement resources, training, policy documents, and much more.



CHAMPS



Provider Enrollment



Billing & Reimbursement



Policy, Letters & Forms

- Medicaid Providers Main webpage
- Click Provider Enrollment

Provider Enrollment

All providers who serve Michigan Medicaid beneficiaries are required to be screened and enrolled in the Community Health Automated Medicaid Processing System (CHAMPS). For assistance in enrolling please call 1-800-292-2550, option 4.

Effective October 1, 2019, providers who prescribe drugs to Medicaid beneficiaries must be actively enrolled in CHAMPS. The Michigan Department of Health and Human Services (MDHHS) will prohibit payment for prescription drug claims written by a prescriber who is not enrolled in CHAMPS.

All documents are provided in Acrobat format. To install Acrobat Reader, click on the icon.



Getting Started - Enrollment

- **Step 1: Determine if Provider needs to enroll**
- Step 2: Determine CHAMPS Enrollment Type
- Step 3: Register for SIGMA
- Step 4: Register for MILogin Account for access to CHAMPS

Step-by-Step CHAMPS Enrollment Guides

Medicaid Resources

- Provider Enrollment main webpage
 - Click Step 1: Determine if Provider needs to enroll

Step 1: Determine if Provider needs to enroll

An eligible provider who complies with all licensing laws and regulations applicable to the provider's practice or business in Michigan, who is not currently excluded from participating in Medicaid by state or federal sanction, and whose services are directly reimbursable per MDHHS policy may enroll as a provider. Out-of-state providers must be licensed and/or certified by the appropriate standard-setting authority in the state they are practicing.

Providers must have their enrollment approved through the on-line MDHHS Community Health Automated Medicaid Processing System (CHAMPS) Provider Enrollment (PE) subsystem to be reimbursed for covered services rendered to eligible Medicaid beneficiaries.[1].

Providers are divided into two broad categories, Typical and Atypical.

Typical: A health care provider means a provider of medical or health services (as defined in section 1861(s) of the Act, 42 U.S.C. 1395x(s)), and any other person or organization who furnishes, bills, or is paid for healthcare in the normal course of business. Medical Providers are enrolled within CHAMPS and have an NPI (e.g. Institutional (Hospital, Nursing Home, etc.), Professional (Practitioner, Prescriber, Pharmacy, Dental, etc.)).

Atypical: The Center for Medicare and Medicaid Services (CMS) defines atypical providers as providers that do not provide health care[2]. Providers who may be enrolled in CHAMPS or Bridges and do not perform medical services (e.g. Home Help, Non-Emergency Medical Transportation (NEMT), Adult Foster Care (AFC)). Atypical providers may submit HIPAA transactions, but they do not meet the HIPAA definition of a health care provider and would not receive an NPI number.

To better help a provider determine if they need to enroll please see the below documents for the MDHHS current allowed Typical and Atypical Enrollment types. Each document is stored by Provider Type, Specialty Name, Subspecialty Name, and License/Certification.

This document is searchable: Providers can go to the Edit tab at the top and click on Find or press [Ctrl] and [F] at the same time. Type in providers, Provider Type, Specialty Name or Subspecialty, click [Enter].

- [MDHHS Current Allowed Typical Enrollments](#) ←
- [MDHHS Current Allowed Atypical Enrollments](#)

Verify if a provider's NPI is already enrolled in CHAMPS: [CHAMPS Provider Verification Tool](#)  ←

Once it has been determined whether or not the provider should be enrolled continue to Step 2, Determine Enrollment Type, if the Provider needs to be enrolled.

Provider Enrollment

All providers who serve Michigan Medicaid beneficiaries are required to be screened and enrolled in the Community Health Automated Medicaid Processing System (CHAMPS). For assistance in enrolling please call 1-800-292-2550 ☎ option 4.

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Getting Started - Enrollment

- [Step 1: Determine if Provider needs to enroll](#)
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Step-by-Step CHAMPS Enrollment Guides

Medicaid Resources

- [Provider Enrollment Main webpage](#)
 - [Click Step 2: Determine CHAMPS Enrollment Type](#)

Step 2: Determine CHAMPS Enrollment Type

MDHHS requires that NPI numbers be reported in any applicable provider loop or field (e.g., billing, rendering, referring, ordering, prescribing) on the claim. A provider's Taxpayer Identification Number (TIN) will also be used for claim adjudication. The TIN reported is either the provider's Employer Identification Number (EIN) or Social Security Number (SSN).

Definitions of Type 1 and Type 2 NPI's:


- A **Type 1** (Individual) NPI is the number associated with an individual healthcare professional (e.g., MD, DDS, CRNA, etc.). The individual may be a sole proprietor or be employed by a clinic, group practice, or other organization. If a sole proprietor, the Type 1 NPI must be reported in the billing provider loop or field of the claim for payment.
- A **Type 2** (Group) NPI is the number required for organizations such as clinics, group practices, and incorporated individuals who provide health care services and receive payment. For MDHHS, the Group NPI must be reported in the billing provider loop or field. [\[1\]](#)

There are five different CHAMPS Enrollment Types, read through the definitions below to determine the appropriate Enrollment Type.

- **Individual/Sole Proprietor:**

- **Individual/Sole Proprietor:** A Individual/Sole Proprietor is a provider that owns his/her own practice. This provider will receive payments directly from MDHHS for services rendered at their practice. An Individual/Sole Proprietor may associate to other entities and Rendering/Servicing providers may associate to an Individual/Sole Proprietor.
- **Rendering/Servicing:** A Rendering/Servicing provider is one who provides services through a Group, Facility, Agency, Organization or an Individual/Sole Proprietor. A Rendering/Servicing provider does not bill directly to Michigan Medicaid. The Billing Provider that is associated to this applicant type, submits claims and receives payments for the Rendering/Servicing provider. This Billing Provider must be approved in CHAMPS prior to the submission of a new enrollment application for a Rendering/Servicing provider.

Provider Enrollment

All providers who serve Michigan Medicaid beneficiaries are required to be screened and enrolled in the Community Health Automated Medicaid Processing System (CHAMPS). For assistance in enrolling please call 1-800-292-2550  option 4.

Effective October 1, 2019, providers who prescribe drugs to Medicaid beneficiaries must be actively enrolled in CHAMPS. The Michigan Department of Health and Human Services (MDHHS) will prohibit payment for prescription drug claims written by a prescriber who is not enrolled in CHAMPS.

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Getting Started - Enrollment

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Step-by-Step CHAMPS Enrollment Guides

Medicaid Resources

- Provider Enrollment Main webpage
 - Click Step 3: Register for SIGMA

Step 3: Register for SIGMA


The below Enrollment Types must have their Social Security Number (SSN) or Employer Identification Number (EIN)/Tax Identification Number (TIN) enrolled with SIGMA Vendor Self Service (VSS) prior to starting the enrollment process in CHAMPS. www.Michigan.gov/SIGMAVSS

- Individual/Sole Proprietor
- Group
- FAO

Rendering/Service only Enrollment Type does not have to register with SIGMA.

- Individual/Sole Proprietor Enrollment Types - Enroll with SIGMA – Vendor Self Service:
 - www.Michigan.gov/SIGMAVSS
- Note: Rendering/Service only Enrollment Type does not have to register with SIGMA.

Provider Enrollment

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Step-by-Step CHAMPS Enrollment Guides

Medicaid Resources

- [Provider Enrollment Main webpage](#)
 - [Click Step 4: Register for MILogin Account for access to CHAMPS](#)

Step 4: Register for MILogin Account for access to CHAMPS



Providers must register for a MILogin account to access the CHAMPS system. All users within a provider's organization who need access to information within CHAMPS (Provider Enrollment, Claims, Prior Authorization, etc.) must obtain a MILogin user ID and password. The CHAMPS Provider Enrollment online system allows providers to easily update their information at any time or submit a new provider enrollment application.

For instructions on how to obtain a MILogin user ID and password as well as subscribe to CHAMPS see [MILogin Instructions](#).

Domain Administrator

The MILogin user who submits the Provider Enrollment application becomes the Provider Domain Administrator for that application. The Provider Domain Administrator has the responsibility of assigning rights for all users within the organization to access the provider's file. Multiple Provider Domain Administrators may be established for a single organization, but a separate application must be completed and approved for each administrator.


Domain Administrator Functions

- [Quick Reference Guide](#)
- [Manage User List Page for Domain Administrators](#)
- Electronic Signature Agreement Cover Sheet [MDHHS-5405](#)
- Electronic Signature Agreement [DCH-1401](#)

Additional Resources

- [Internet Compatibility Settings for CHAMPS](#)
- [MILogin Forgot user ID and password Instructions](#)
- [Sign in to MILogin](#)

Provider Enrollment

All providers who serve Michigan Medicaid beneficiaries are required to be screened and enrolled in the Community Health Automated Medicaid Processing System (CHAMPS). For assistance in enrolling please call 1-800-292-2550  option 4.

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- Provider Enrollment Main webpage
 - Click Step-by-Step CHAMPS Enrollment Guides

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Getting Started - Enrollment

Step-by-Step CHAMPS Enrollment Guides

- [Individual/Sole Proprietor](#)
- [Rendering/Servicing](#)
- [Group](#)
- [Billing Agent](#)
- [Facility/Agency/Organization \(FAO\)](#)
- [Atypical](#)

Medicaid Resources

- [Provider Enrollment Main webpage](#)
 - [Click Rendering/Servicing](#)

Rendering/Servicing

A Rendering/Servicing provider is one who provides services through a Group, Facility, Agency, Organization or an Individual/Sole Proprietor. A Rendering/Servicing provider does not bill directly to Michigan Medicaid. The Billing Provider that is associated to this applicant type, submits claims and receives payments for the Rendering/Servicing provider. This Billing Provider must be approved in CHAMPS prior to the submission of a new enrollment application for a Rendering/Servicing provider.

- **CHAMPS Enrollment Application: Rendering/Servicing User Guide**

- Step 1: Provider Basic Information - [PDF](#), [Recording](#)
- Step 2: Add Specialties - [PDF](#), [Recording](#)
- Track Application- [PDF](#), [Recording](#)
- [Credentialing Checklist](#)
- [Quick Reference Guide](#)
- [Primary Specialty](#)
- Domain Administrator Functions- [PDF](#)
 - [Quick Reference Guide](#)
 - [Manage User List Page for Domain Administrators](#)
 - Electronic Signature Agreement Cover Sheet [MDHHS-5405](#)
 - Electronic Signature Agreement [DCH-1401](#)

Rendering/Servicing

Given the below steps are complete, download the [Rendering/Servicing Provider Enrollment Checklist](#), Log into MILogin and access CHAMPS

- Step 1: Determine if provider needs to enroll with CHAMPS Michigan Medicaid
 - Policy Bulletin MSA: [13-17](#)
 - Policy Bulletin MSA: [18-47](#)
 - Policy Bulletin MSA: [19-20](#)
- Step 2: [Determine CHAMPS Enrollment Type](#)
- Step 3: [Register with SIGMA – Vendor Self Service](#)
 - **Note Rendering/Servicing only Enrollment Type does not have to register with SIGMA
- Step 4: [Register for a MILogin Account for Access to CHAMPS](#)

Provider Enrollment

New Enrollment	Enroll As A New Provider
Track Application	Track Existing Provider Application

PROVIDER ENROLLMENT

- [New Enrollment](#)
- [Track Application](#)

SIGMA Notification

Medical Providers

Please be aware, there will be no payments and RAs generated on 10/5/2017; pay cycles 40 and 41 payments and RAs will be combined on pay date 10/12/2017. Additional SIGMA resources for Medical Providers can be found at Michigan.gov/MedicaidProviders.

Calendar

1 December 2017
Friday

Mo	Tu	We	Th	Fr	Sa	Su
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

My Reminders

Filter By: [v] [Go] Save Filters My Filters

Alert Type	Alert Message	Alert Date	Due Date	Read
No Records Found !				

- Click New Enrollment

- Note: Providers with an enrolled Type 2 NPI who need to enroll an additional provider; select the Provider tab and under Provider Enrollment click on New Enrollment

Enrollment Type

Select the Applicable Enrollment Type

- ☒ Individual/Sole Proprietor
- ☒ Regular Individual/Sole Proprietor or Rendering/Service Provider ←
 - ☐ Group Practice (Corporation, Partnership, LLC, etc.)
 - ☐ Billing Agent
 - ☐ Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)
 - ☐ Atypical (non-medical) provider (Choose this option if you do not have a NPI)
 - ☐ Individual (Driver, Home Help/Personal Care, Carpenter, etc.)
 - ☐ Agency (Child Care Institution, Home Help/Personal Care Agency, Transportation Company, Local Education Agency etc.)

 Submit

- Select Regular Individual/Sole Proprietor or Rendering/Service Provider
- Click Submit

Rendering/Servicing

Step 1: Basic Information

Information needed:

- ❑ First Name
- ❑ Last Name
- ❑ Social Security Number (SSN)
- ❑ Date of Birth
- ❑ NPI
- ❑ Contact Email Address
- ❑ Home Address
- ❑ City/Town
- ❑ State/Province
- ❑ Country
- ❑ Zip Code

The screenshot shows the 'Basic Information' form in the Michigan Medical Management System (MMS). The form is titled 'Basic Information' and contains several fields for user input. The 'Applicant Type' dropdown menu is highlighted with a red box and set to 'Rendering/Servicing Only'. The form also includes sections for 'Home Address' and 'Contact Email Address'.

Basic Information

First Name: * Middle Initial: *
Last Name: * Gender: *
Suffix: *
SSN: *
Date of Birth: *
NPI: *

Applicant Type: Rendering/Servicing Only *

Contact Email Address:

Email-1: * Email-2: *
Email-3: * Email-4: *

Home Address

Please ensure you are providing the home address of this provider. Failure to do so may result in this application/modification being denied.

Address Line 1: * (Enter Street Address or PO Box Only)
Address Line 2: *
Address Line 3: *
City/Town: OTHER *
State/Province: OTHER *
County: OTHER *
Country: UNITED STATES *
Zip Code: * Validate Address

Finish Cancel

Application ID: 20171106241608

Name: Tester, Testing

Basic Information

You have successfully completed the basic information on the Enrollment Application.

Your Application ID is: 20171106241608

Please make note of this Application ID. This is the number you will be required to use to track the status of your enrollment application. Without this number, you will not be able to access your application and your information will be deleted.

Please make sure to complete your application and submit it for State Review within 30 calendar days OR your application will be deleted.

✓ Ok

- Confirmation, Basic Information is complete
- Take note of the Application ID, as this is used to track your application status
- Click Ok

Application ID: 20171106241608

Name: Tester, Testing

Close

Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/06/2017	11/06/2017	Complete	
Step 2: Add Specialties	Required			Incomplete	
Step 3: Associate Billing Provider	Required			Incomplete	
Step 4: Add License/Certification/Other	Optional			Incomplete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional			Incomplete	
Step 6: Add Taxonomy Details	Required			Incomplete	
Step 7: Associate MCO Plan	Optional			Incomplete	
Step 8: Upload Documents	Optional			Incomplete	
Step 9: Complete Enrollment Checklist	Required			Incomplete	
Step 10: Submit Enrollment Application for Approval	Required			Incomplete	

View Page:

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SaveToXLS

Viewing Page: 1



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- Individual Provider Enrollment steps are listed (Please Note: some steps are required verses optional)
- Step 1 has a status of Complete
- Click on Step 2: Add Specialties

Rendering/Servicing

Step 2: Add Specialties

Information needed:

- ☐ Provider Type
 - ☐ Specialty
 - ☐ Board Certified, Board Eligible, Not Board Certified/Eligible (Pick One)
 - ☐ Subspecialties: range dependent on specialty chosen
- Select Primary Specialty

This screenshot shows the 'Add Specialty/Subspecialty' form in the CHAMPS system. The form is titled 'Add Specialty/Subspecialty' and includes fields for 'Provider Type' (a dropdown menu), 'Specialty' (a dropdown menu with an asterisk), and 'End Date' (a date picker). Below these fields is a section for 'Add Subspecialty' which contains two columns: 'Available Subspecialties' and 'Associated Subspecialties *'. There are arrows between these columns to move items. At the bottom right, there are 'OK' and 'Cancel' buttons.

This screenshot shows the 'Specialty/Subspecialty List' in the CHAMPS system. The table displays a list of specialties and subspecialties. The columns are 'Specialty/Subspecialty', 'Provider Type', and 'End Date'. The table is currently showing one row with the following data:

Specialty/Subspecialty	Provider Type	End Date
Non-Physicians	AT	12/31/2999

Below the table, there are controls for 'View Page: 1', 'Page Count', and 'Save To XLS'. There are also navigation buttons for 'First', 'Previous', 'Next', and 'Last'.

Application ID: 20171106241608

Name: Tester, Testing

Close

Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/06/2017	11/06/2017	Complete	
Step 2: Add Specialties	Required	11/06/2017	11/06/2017	Complete	
Step 3: Associate Billing Provider	Required			Incomplete	
Step 4: Add License/Certification/Other	Required			Incomplete	Please add required License/Certification.
Step 5: Add Provider Controlling Interest/Ownership Details	Optional			Incomplete	
Step 6: Add Taxonomy Details	Required			Incomplete	
Step 7: Associate MCO Plan	Optional			Incomplete	
Step 8: Upload Documents	Optional			Incomplete	
Step 9: Complete Enrollment Checklist	Required			Incomplete	
Step 10: Submit Enrollment Application for Approval	Required			Incomplete	

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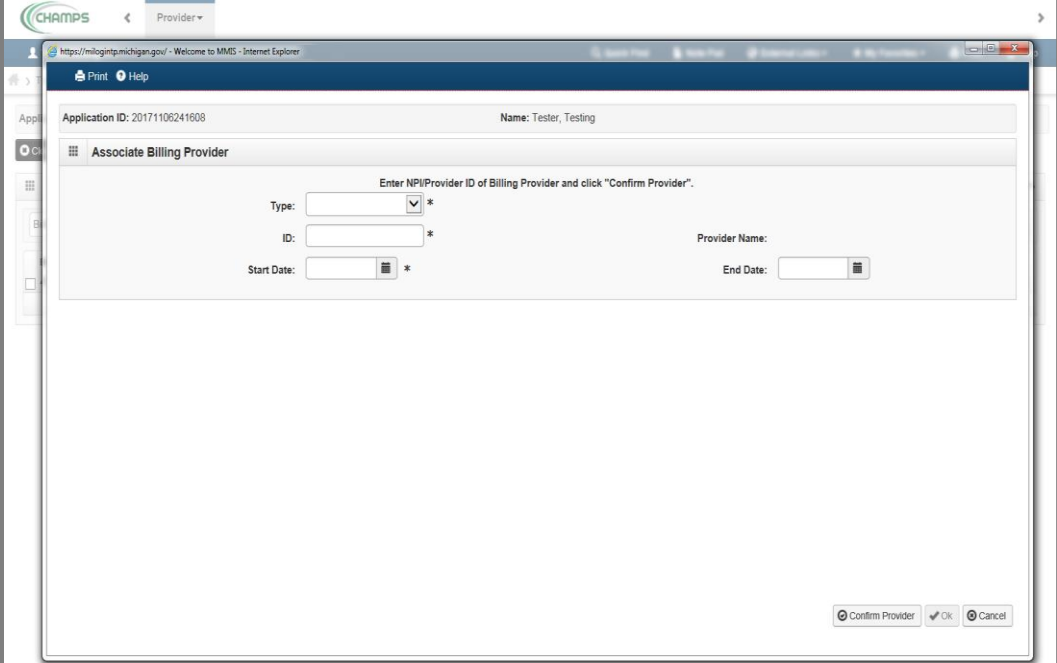
- Step 2 is complete
- Click on Step 3: Associate Billing Provider

Rendering/Servicing

Step 3: Associate Billing Provider

Information needed:

- ❑ NPI of Billing Provider
- ❑ Start Date



The screenshot shows the CHAMPS web application interface. The browser address bar displays "https://mloginp.michigan.gov/ - Welcome to MMIS - Internet Explorer". The application header includes "CHAMPS" and "Provider". The main content area is titled "Associate Billing Provider" and contains the following fields:

- Application ID: 20171106241608
- Name: Tester, Testing
- Form Title: Associate Billing Provider
- Instruction: Enter NPI/Provider ID of Billing Provider and click "Confirm Provider".
- Type: [Dropdown menu] *
- ID: [Text input] *
- Start Date: [Date picker] *
- Provider Name: [Text input]
- End Date: [Date picker]

At the bottom right, there are three buttons: "Confirm Provider", "OK", and "Cancel".

Refer to [Enrollment Guide for Rendering/Servicing Providers](#) for complete step-by-step instructions

Application ID: 20171106241608

Name: Tester, Testing

Close

Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/06/2017	11/06/2017	Complete	
Step 2: Add Specialties	Required	11/06/2017	11/06/2017	Complete	
Step 3: Associate Billing Provider	Required	11/06/2017	11/06/2017	Complete	
Step 4: Add License/Certification/Other	Required			Incomplete	Please add required License/Certification.
Step 5: Add Provider Controlling Interest/Ownership Details	Optional			Incomplete	
Step 6: Add Taxonomy Details	Required			Incomplete	
Step 7: Associate MCO Plan	Optional			Incomplete	
Step 8: Upload Documents	Optional			Incomplete	
Step 9: Complete Enrollment Checklist	Required			Incomplete	
Step 10: Submit Enrollment Application for Approval	Required			Incomplete	

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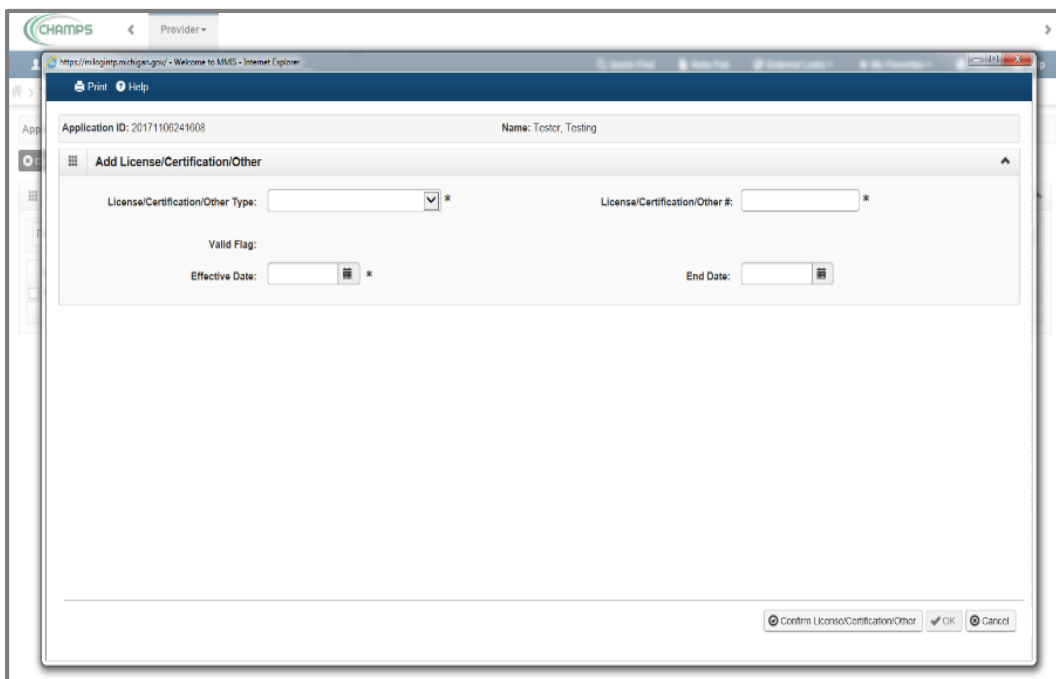
- Step 3 is complete
- Click on Step 4: Add License/Certification/Other

Rendering/Servicing

Step 4: Add License/Certification/Other

Information needed:

- ❑ License/Certification/Other Type (ex. State Professional License)
- ❑ License/Certification/Other #
- ❑ Effective Date



The screenshot shows a web browser window with the CHAMPS application. The page title is "Provider -" and the URL is "https://michigan.champs.gov/ - Welcome to MMS - Internet Explorer". The page displays the "Add License/Certification/Other" form for Application ID: 20171106241008. The form includes the following fields:

- License/Certification/Other Type: A dropdown menu with a downward arrow and an asterisk.
- License/Certification/Other #: A text input field with an asterisk.
- Valid Flag: A dropdown menu with a downward arrow and an asterisk.
- Effective Date: A date picker field with an asterisk.
- End Date: A date picker field.

At the bottom right of the form, there are three buttons: "Confirm License/Certification/Other", "OK", and "Cancel".

Application ID: 20171106241608

Name: Tester, Testing

Close

Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/06/2017	11/06/2017	Complete	
Step 2: Add Specialties	Required	11/06/2017	11/06/2017	Complete	
Step 3: Associate Billing Provider	Required	11/06/2017	11/06/2017	Complete	
Step 4: Add License/Certification/Other	Required	11/06/2017	11/06/2017	Complete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional			Incomplete	
Step 6: Add Taxonomy Details	Required			Incomplete	
Step 7: Associate MCO Plan	Optional			Incomplete	
Step 8: Upload Documents	Optional			Incomplete	
Step 9: Complete Enrollment Checklist	Required			Incomplete	
Step 10: Submit Enrollment Application for Approval	Required			Incomplete	

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- Step 4 is complete
- Click on Step 6: Add Taxonomy Details (Please Note: Step 5 is not required)

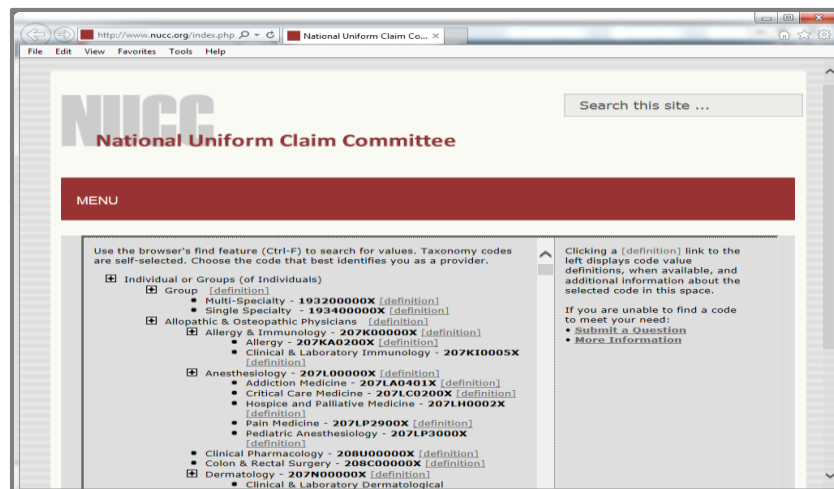
Rendering/Servicing

Step 6: Add Taxonomy Details

Information needed:

- ❑ Taxonomy Code
 - ❑ Start Date
- For assistance determining the taxonomy code, visit the [National Uniform Claim Committee](#) link

The screenshot shows the 'Add Taxonomy' form in the CHAMPS Provider portal. The form includes fields for 'Taxonomy Code' (with a link to the taxonomy list), 'Description', 'Start Date', and 'End Date'. At the bottom, there are buttons for 'Confirm Taxonomy', 'OK', and 'Cancel'.



Refer to [Enrollment Guide for Rendering/Servicing Providers](#) for complete step-by-step instructions

Application ID: 20171106241608

Name: Tester, Testing

Close

Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/06/2017	11/06/2017	Complete	
Step 2: Add Specialties	Required	11/06/2017	11/06/2017	Complete	
Step 3: Associate Billing Provider	Required	11/06/2017	11/06/2017	Complete	
Step 4: Add License/Certification/Other	Required	11/06/2017	11/06/2017	Complete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional			Incomplete	
Step 6: Add Taxonomy Details	Required	11/06/2017	11/06/2017	Complete	
Step 7: Associate MCO Plan	Optional			Incomplete	
Step 8: Upload Documents	Optional			Incomplete	
Step 9: Complete Enrollment Checklist	Required			Incomplete	
Step 10: Submit Enrollment Application for Approval	Required			Incomplete	

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- Step 6 is complete
- Click on Step 9: Complete Enrollment Checklist (Please Note: Steps 7 & 8 are not required)

Rendering/Servicing

Step 9: Complete Enrollment Checklist

- Answer the questions in the Provider Checklist as appropriate (i.e., yes or no)
- Add Comments if necessary

CHAMPS

Provider

Tester, Testing

Quick Find Note Pad External Links My Favorites Print Help

New Enrollment Individual Enrollment

Application ID: 20171106241608 Name: Tester, Testing

Close Save

Provider Checklist

Question	Answer	Comments
Do you need to request a Retro Enrollment Date? If Yes, enter the requested Retro Enrollment Date in the comment field.	Not Completed	
Are you currently excluded from any State program?	Not Completed	
Are you currently excluded from any Federal program?	Not Completed	
Have you ever had a criminal or health-related conviction?	Not Completed	
Have you ever had a judgment under any false claims act?	Not Completed	
Have you ever had a program exclusion/debarment?	Not Completed	
Have you ever had a civil monetary penalty?	Not Completed	
Are you applying as a Private Duty Nurse (LPN/RN) for private duty services?	Not Completed	
Do you have ownership interest in other entities reimbursable by Medicaid and/or Medicare? If Yes, provide details in "Add Ownership Details" step.	Not Completed	
Do you accept new patients?	Not Completed	
Have you had any malpractice settlement, judgment, or agreement? If yes, enter dollar amount(s) and date(s).	Not Completed	
If you are a Nurse Practitioner or Nurse Midwife, a Collaborative Agreement is required. Please provide NPI of servicing physician. If you don't have an agreement, please answer yes and provide an explanation.	Not Completed	
Dental Hygienist-Do you have a collaborative agreement in place? If 'Yes', with what NPI?	Not Completed	
Are you affiliated with a PA 161 program? If yes, please provide the NPI of that program(s) in the comments.	Not Completed	
All providers are considered for the Beneficiary Monitoring Program. Do you object to this participation?	Not Completed	
Have you completed American Pharmacists Assoc's Delivering Medication Therapy Mgmt Services or program approved by Accreditation Council of Pharmacy Education? If yes, then enter what you have completed.	Not Completed	

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Application ID: 20171106241608

Name: Tester, Testing

Close

Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/06/2017	11/06/2017	Complete	
Step 2: Add Specialties	Required	11/06/2017	11/06/2017	Complete	
Step 3: Associate Billing Provider	Required	11/06/2017	11/06/2017	Complete	
Step 4: Add License/Certification/Other	Required	11/06/2017	11/06/2017	Complete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional	11/06/2017	11/06/2017	Complete	
Step 6: Add Taxonomy Details	Required	11/06/2017	11/06/2017	Complete	
Step 7: Associate MCO Plan	Optional			Incomplete	
Step 8: Upload Documents	Optional			Incomplete	
Step 9: Complete Enrollment Checklist	Required	11/06/2017	11/06/2017	Complete	
Step 10: Submit Enrollment Application for Approval	Required			Incomplete	

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- Step 9 is complete
- Click on Step 10: Submit Enrollment Application for Approval

(Please Note: If you chose not to complete optional steps you can still submit your application)

You must complete this step to finalize your application submission

Rendering/Servicing

Step 10: Submit Enrollment Application for Approval

Final submission process:

- ❑ Attest the information submitted as a part of the application is correct
- ❑ Read through the Medical Assistance Provider Enrollment & Training Partner Agreement – Conditions
- ❑ Submit Application

CHAMPS Provider

Application ID: 20171106241608 Name: Tester, Testing

Final Submission

Application ID: 20171106241608 Enrollment Type: Individual/Sole Proprietor

The information submitted for enrollment shall be verified and reviewed by the State. During this time, any changes to the information shall not be accepted.

I agree that the information submitted as a part of the application is correct (Private and Confidential).

Application Document Checklist

Forms/Documents	Special Instructions	Source	Required
A.Y.	A.Y.	A.Y.	A.Y.

No Records Found!

CHAMPS Provider

Application ID: 20171106241608 Name: Tester, Testing

Submit Application After reading the Terms and Conditions be sure to check the agreement box located at the end of the document.

Medical Assistance Provider Enrollment & Trading Partner Agreement - Conditions

In applying for enrollment as a provider or trading partner in the Medical Assistance Program (and programs for which the Michigan Department Of Health and Human Services (MDHHS) is the fiscal intermediary), I represent and certify as follows:

1. The applicant, and the employer (if applicable), certify that the undersigned has/have the authority to execute this Agreement.
2. Enrollment in the Medical Assistance Program does not guarantee participation in MDHHS managed care programs nor does it replace or negate the contract process between a managed care entity and its providers or subcontractors.
3. All information furnished on this Medical Assistance Provider Enrollment & Trading Partner Agreement form is true and complete.
4. The providers and fiscal agents of ownership and control information agree to provide proper disclosure of provider's owners and other persons criminal related to Medicare, Medicaid or Title XX involvement. (42 CFR 455.100)
5. The applicant and the employer agree to provide proper disclosure of any criminal convictions related to Medicare (Title XIX), Medicaid (Title XX), and other State Health Care Programs (Title V, Title XX, and Title XXX) involvement since the inception of Medicare, Medicaid, or Title XX programs. (42 CFR 455.106 and 42 U.S.C. § 1320a-7)
6. I agree to read the Medicaid Provider Manual from the Michigan Department Of Health and Human Services (MDHHS). I also agree to comply with 1) the terms and conditions of participation noted in the manual, and 2) MDHHS's policies and procedures for the Medical Assistance Program contained in the manual, provider bulletins and other program notifications.
7. I agree to comply with the provisions of 42 CFR 455.104, 42 CFR 455.105, 42 CFR 431.107 and Act No. 200 of the Public Acts of 1939, as amended, which state the conditions and requirements under which participation in the Medical Assistance Program is allowed.
8. I agree to comply with the requirements of Section 6052 of the Deficit Reduction Act of 2005, codified at section 1502 (a)(9)(B) of the Social Security Act which relates to the conditions and requirements of "Employee Education About False Claims Recovery."
9. I agree that, upon request and at a reasonable time and place, I will allow authorized state or federal government agents to inspect, copy, and/or take any records I maintain pertaining to the delivery of goods and services to, or on behalf of, a Medical Assistance Program beneficiary. These records also include any service contract(s) I have with any billing agent/service or service bureau, billing consultant, or other healthcare provider.
10. I agree to include a clause in any contract I enter into which allows authorized state or federal government agents access to the subcontractor's accounting records and other documents needed to verify the nature and extent of costs and services furnished under the contract.
11. I understand that the incentive payment requested using my National Provider Identifier (NPI) number will be made directly to the Tax ID Number (TIN) that was indicated during the registration process.
12. I am not currently suspended, terminated, or excluded from the Medical Assistance Program by any state or by the U.S. Department of Health and Human Services.

Refer to [Enrollment Guide for Rendering/Servicing Providers](#) for complete step-by-step instructions



Provider ▾

Tester, Testing ▾

Quick Find

Note Pad

External Links ▾

My Favorites ▾

Print

Help

New Enrollment > Individual Enrollment

Application ID: 20171106241608

Name: Tester, Testing

Your Application Number 20171106241608 has been successfully submitted for State review. Return with this application number to track the status of your application. ✕

Close

Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/06/2017	11/06/2017	Complete	
Step 2: Add Specialties	Required	11/06/2017	11/06/2017	Complete	
Step 3: Associate Billing Provider	Required	11/06/2017	11/06/2017	Complete	
Step 4: Add License/Certification/Other	Required	11/06/2017	11/06/2017	Complete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional	11/06/2017	11/06/2017	Complete	
Step 6: Add Taxonomy Details	Required	11/06/2017	11/06/2017	Complete	
Step 7: Associate MCO Plan	Optional			Incomplete	
Step 8: Upload Documents	Optional			Incomplete	
Step 9: Complete Enrollment Checklist	Required	11/06/2017	11/06/2017	Complete	
Step 10: Submit Enrollment Application for Approval	Required	11/06/2017	11/06/2017	Complete	

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- Step 10 is now complete, and application has been submitted to the State for review
- Take note of your Application ID for further tracking – [Track Application Resource](#)
- Click Close

(Please Note: Optional steps may show as incomplete if you chose not to complete. This is ok.)

Provider Enrollment

All providers who serve Michigan Medicaid beneficiaries are required to be screened and enrolled in the Community Health Automated Medicaid Processing System (CHAMPS). For assistance in enrolling please call 1-800-292-2550, option 4.

Effective October 1, 2019, providers who prescribe drugs to Medicaid beneficiaries must be actively enrolled in CHAMPS. The Michigan Department of Health and Human Services (MDHHS) will prohibit payment for prescription drug claims written by a prescriber who is not enrolled in CHAMPS.

All documents are provided in Acrobat format. To install Acrobat Reader, click on the icon.



Getting Started - Enrollment

Step-by-Step CHAMPS Enrollment Guides

- Individual/Sole Proprietor
- Rendering/Servicing
- Group
- Billing Agent
- Facility/Agency/Organization (FAO)
- Atypical

Medicaid Resources

- Provider Enrollment Main webpage
 - Click Individual/Sole Proprietor

Individual/Sole Proprietor

An Individual/Sole Proprietor is a provider that owns his/her own practice. This provider will receive payments directly from MDHHS for services rendered at their practice. An Individual/Sole Proprietor may associate to other entities and Rendering/Service providers may associate to an Individual/Sole Proprietor. Most resources are provided in both PDF and Adobe Recording formats.

- **CHAMPS Enrollment Application: Individual/Sole Proprietor User Guide**
 - Step 1: Provider Basic Information - [PDF](#), [Recording](#)
 - Step 2: Add Locations - [PDF](#), [Recording](#)
 - Step 8: Add Provider Controlling Interest/Ownership Details - [PDF](#), [Recording](#)
- Track Application - [PDF](#), [Recording](#)
- [Credentialing Checklist](#)
- [Quick Reference Guide](#)
- [Primary Specialty](#)
- [Ownership Step Tip](#)

- Domain Administrator Functions -[PDF](#)
 - [Quick Reference Guide](#)
 - [Manage User List Page for Domain Administrators](#)
 - Electronic Signature Agreement Cover Sheet [MDHHS-5405](#)
 - Electronic Signature Agreement [DCH-1401](#)

Individual/Sole Proprietor

Given the below steps are complete, download the [Individual/Sole Proprietor Provider Enrollment Checklist](#), Log into MILogin and access CHAMPS

- Step 1: Determine if provider needs to enroll with CHAMPS Michigan Medicaid
 - Policy Bulletin MSA: [13-17](#)
 - Policy Bulletin MSA: [18-47](#)
 - Policy Bulletin MSA: [19-20](#)
- Step 2: [Determine CHAMPS Enrollment Type](#)
- Step 3: [Register with SIGMA – Vendor Self Service](#)
- Step 4: [Register for a MILogin Account for Access to CHAMPS](#)

CHAMPS Provider

Quick Find Note Pad External Links My Favorites Print Help

Provider Enrollment

New Enrollment	Enroll As A New Provider
Track Application	Track Existing Provider Application

CHAMPS My Inbox Provider Claims Reference Member PA

Note Pad External Links My Favorites Print Help

Provider Portal

NPI: Name:

Latest updates

PROVIDER ENROLLMENT

- [New Enrollment](#)
- [Track Application](#)

MANAGE PROVIDER

- [Manage Provider Information](#)

SIGMA Notification

Medical Providers

Please be aware, there will be no payments and RAs generated on 10/5/2017; pay cycles 40 and 41 payments and RAs will be combined on pay date 10/12/2017. Additional SIGMA resources for Medical Providers can be found at Michigan.gov/MedicaidProviders.

My Reminders

Filter By Go Save Filters My Filters

Alert Type	Alert Message	Alert Date	Due Date	Read
No Records Found !				

Calendar

07:25 1 December 2017 Friday

2017 December						
Mo	Tu	We	Th	Fr	Sa	Su
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
Today						

- Click New Enrollment

- Note: Providers with an enrolled Type 2 NPI who need to enroll an additional provider; select the Provider tab and under Provider Enrollment click on New Enrollment



My Inbox ▾

Provider ▾



Quick Find

Note Pad

External Links ▾

My Favorites ▾

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MyInbox > New Enrollment



Enrollment Type



Select the Applicable Enrollment Type

☒ Individual/Sole Proprietor

☒ Regular Individual/Sole Proprietor or Rendering/Servicing Provider



☐ Group Practice (Corporation, Partnership, LLC, etc.)

☐ Billing Agent

☐ Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)

☐ Atypical (non-medical) provider (Choose this option if you do not have a NPI)

☐ Individual (Driver, Home Help/Personal Care, Carpenter, etc.)

☐ Agency (Child Care Institution, Home Help/Personal Care Agency, Transportation Company, Local Education Agency etc.)

Submit

- Select Regular Individual/Sole Proprietor
- Click Submit

Individual/Sole Proprietor

Step 1: Basic Information

Information needed:

- ❑ First Name
- ❑ Last Name
- ❑ Social Security Number (SSN)
- ❑ Date of Birth
- ❑ NPI
- ❑ SIGMA Vendor ID
- ❑ Contact Email Address
- ❑ Home Address
- ❑ City/Town
- ❑ State/Province
- ❑ Country
- ❑ Zip Code

The screenshot shows a web browser window displaying the 'Basic Information' form for an Individual/Sole Proprietor. The form is titled 'Basic Information: Enter required fields and click Confirm button.' and is divided into two main sections: 'Basic Information' and 'Home Address'.

Basic Information Section:

- EIN/TIN:** Text input field.
- First Name:** Text input field with an asterisk (*).
- Last Name:** Text input field with an asterisk (*).
- Suffix:** Dropdown menu.
- SSN:** Text input field with an asterisk (*).
- Date of Birth:** Text input field with a calendar icon and an asterisk (*).
- Middle Initial:** Text input field.
- Gender:** Dropdown menu.
- Vendor ID:** Text input field with an asterisk (*).
- Applicant Type:** Dropdown menu with 'Individual/Sole Proprietor' selected, highlighted by a red box.
- NPI:** Text input field with an asterisk (*).
- Contact Email Address:** Section with six email input fields labeled Email-1 through Email-6.

Home Address Section:

- Address Line 1:** Text input field with an asterisk (*).
- Address Line 2:** Text input field.
- Address Line 3:** Text input field.
- City/Town:** Text input field with an asterisk (*).
- State/Province:** Dropdown menu with 'OTHER' selected, with an asterisk (*).
- County:** Dropdown menu with 'OTHER' selected.
- Country:** Dropdown menu with 'UNITED STATES' selected, with an asterisk (*).
- Zip Code:** Text input field with a 'Validate Address' button.

At the bottom of the form, there are buttons for 'Confirm', 'Finish', and 'Cancel'. The page ID is 'dgAddBasicInformationStep1(Provider)'.

Refer to [Enrollment Guide for Individual/Sole Providers](#) for complete step-by-step instructions

The screenshot shows a web browser window with the CHAMPS logo in the top left. The address bar displays "https://milogintp.michigan.gov/ - Welcome to MMIS - Internet Explorer". The page has a dark blue header with "Print" and "Help" links. Below the header, a light gray box contains "Application ID: 20171115618358" and "Name: Tester,Test". A section titled "Basic Information" is expanded, showing a confirmation message: "You have successfully completed the basic information on the Enrollment Application." Below this, it states: "Your Application ID is: 20171115618358" with a red arrow pointing to the ID number. Further text explains the importance of the Application ID and the 30-day deadline for submission. At the bottom right of the message box, there is a red-bordered "Ok" button with a checkmark icon. The footer of the page shows "Page ID: dlgAddBasicInformationStep3(Provider)".

CHAMPS

My Inbox ▾ Provider ▾

https://milogintp.michigan.gov/ - Welcome to MMIS - Internet Explorer

Print Help

Application ID: 20171115618358 Name: Tester,Test

Basic Information

You have successfully completed the basic information on the Enrollment Application.

Your Application ID is: **20171115618358**

Please make note of this Application ID. This is the number you will be required to use to track the status of your enrollment application. Without this number, you will not be able to access your application and your information will be deleted.

Please make sure to complete your application and submit it for State Review within 30 calendar days OR your application will be deleted.

Ok

Page ID: dlgAddBasicInformationStep3(Provider)

- Confirmation, Basic Information is complete
- Take note of the Application ID, as this is used to track your application status
- Click Ok

Application ID: 20171115618358

Name: Tester, Test

Close

Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/15/2017	11/15/2017	Complete	
Step 2: Add Locations	Required			Incomplete	
Step 3: Add Specialties	Required			Incomplete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add License/Certification/Other	Optional			Incomplete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 7: Associate Billing Agent	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Required			Incomplete	
Step 10: Associate MCO Plan	Optional			Incomplete	
Step 11: 835/ERA Enrollment Form	Optional			Incomplete	
Step 12: Upload Documents	Optional			Incomplete	
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

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- Individual Provider Enrollment steps are listed (Please Note: some steps are required versus optional)
- Step 1 has a status of Complete
- Click on Step 2: Add Locations

Individual/Sole Proprietor

Step 2: Add Locations

Information needed:

- ❑ Doing Business As
- ❑ Address
- ❑ City/Town
- ❑ State/Province
- ❑ Zip Code
- ❑ Country
- ❑ Hours entity will be open and closed

The screenshot shows the 'Add Provider Location' form in the Michigan MMS system. The form is titled 'Add Provider Location' and includes a 'Location Type' dropdown set to 'Primary Practice Location'. It contains fields for 'Doing Business As', 'Address Line 1', 'Address Line 2', 'Address Line 3', 'City/Town', 'State/Province', 'Country', 'Zip Code', 'Phone Number', 'Fax Number', 'Web Page', and 'Email Address'. There is a section for 'Please enter the hours your office is open for each day' with a table for days of the week and time slots (AM, PM). Below this are checkboxes for 'Accepting New Clients', 'Offers OB-Gyn Services', 'Handicap Accessible', and 'Accept 835(reported at EIN/TIN level)'. There are also fields for 'Maximum Clients', 'Pediatric Services', 'FQHC', and 'Language(s) Spoken'. The form is displayed in a web browser window with the URL 'https://mlogin.michigan.gov/'.

Day	Open At	AM/PM	Close At	AM/PM
Sunday	<input type="checkbox"/>	AM	<input type="checkbox"/>	PM
Monday	<input type="checkbox"/>	AM	<input type="checkbox"/>	PM
Tuesday	<input type="checkbox"/>	AM	<input type="checkbox"/>	PM
Wednesday	<input type="checkbox"/>	AM	<input type="checkbox"/>	PM
Thursday	<input type="checkbox"/>	AM	<input type="checkbox"/>	PM
Friday	<input type="checkbox"/>	AM	<input type="checkbox"/>	PM
Saturday	<input type="checkbox"/>	AM	<input type="checkbox"/>	PM

Individual/Sole Proprietor

Step 2: Add Locations

- Correspondence and Pay To address are required for all locations.
 - If these locations will be the same as the listed Primary or Other location utilize the “Copy This Location Address” radio button.
- Remittance Advice address to receive a paper Remittance Advice is optional.

Information needed:

- Correspondence Address, Pay To Address, and Remittance Advice (optional), City/Town, State/Province, Zip Code, Country

Address Type	Address	End Date
AT		12/31/2999
Correspondence		12/31/2999
Location		12/31/2999
Pay To		12/31/2999
Remittance Advice		12/31/2999

Application ID: 20171115618358

Name: Tester, Test

Close

Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/15/2017	11/15/2017	Complete	
Step 2: Add Locations	Required	11/15/2017	11/15/2017	Complete	
Step 3: Add Specialties	Required			Incomplete	
Step 4: Associate Billing Provider	Optional			Incomplete	
Step 5: Add License/Certification/Other	Optional			Incomplete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 7: Associate Billing Agent	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Required			Incomplete	
Step 10: Associate MCO Plan	Optional			Incomplete	
Step 11: 835/ERA Enrollment Form	Optional			Incomplete	
Step 12: Upload Documents	Optional			Incomplete	
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

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- Step 2 is complete
- Click on Step 3: Add Specialties

Individual/Sole Proprietor

Step 3: Add Specialties

Information needed:

- ☐ Provider Type
 - ☐ Specialty
 - ☐ Board Certified, Board Eligible, Not Board Certified/Eligible (Pick One)
 - ☐ Subspecialties: range dependent on specialty chosen
- Select Primary Specialty

This screenshot shows the 'Add Specialty/Subspecialty' form in the CHAMPS system. The form is for Application ID 20171115618358 and Name: Tester, Test. It includes fields for Location (01), Provider Type (SELECT), Specialty (a dropdown menu), and End Date. Below these fields is a section for 'Add Subspecialty' with two columns: 'Available Subspecialties' and 'Associated Subspecialties', connected by arrows. At the bottom right, there are 'OK' and 'Cancel' buttons.

This screenshot shows the 'Specialty/Subspecialty List' in the CHAMPS system. It displays a table with columns for Specialty/Subspecialty, Provider Type, and End Date. The table is filtered by 'Physicians' and shows a list of specialties. At the bottom, there are navigation controls including 'View Page: 1', 'Page Count', 'SaveToOLS', and 'Viewing Page: 1'.

Specialty/Subspecialty	Provider Type	End Date
General Practice/No Subspecialty	PHYSICIANS	12/31/2999

Application ID: 20171115618358

Name: Tester, Test

Close

Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/15/2017	11/15/2017	Complete	
Step 2: Add Locations	Required	11/15/2017	11/15/2017	Complete	
Step 3: Add Specialties	Required	11/15/2017	11/15/2017	Complete	
Step 4: Associate Billing Provider	Optional	11/15/2017	11/15/2017	Complete	
Step 5: Add License/Certification/Other	Required			Incomplete	Please add required License/Certification.
Step 6: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 7: Associate Billing Agent	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Required			Incomplete	
Step 10: Associate MCO Plan	Optional			Incomplete	
Step 11: 835/ERA Enrollment Form	Optional			Incomplete	
Step 12: Upload Documents	Optional			Incomplete	
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

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- Step 3 is complete (Please Note: Skipping Step 4 as this step is optional)
- Click on Step 5: Add License/Certification/Other

Individual/Sole Proprietor

Step 5: Add License/Certification/Other

Information needed:

- ❑ License/Certification/Other Type (ex. State Professional License)
- ❑ License/Certification/Other #
- ❑ Effective Date

The screenshot displays the CHAMPS MMS application interface. At the top, the CHAMPS logo is visible on the left, and navigation links for 'My Inbox' and 'Provider' are on the right. Below this, a browser address bar shows 'https://mlogintpmichigan.gov/'. The main content area features a form titled 'Add License/Certification/Other'. The form includes the following fields:

- Application ID:** 20171115618358
- Name:** Tester, Test
- Location:** A dropdown menu currently showing '01-320 s walnut'.
- License/Certification/Other Type:** A dropdown menu.
- License/Certification/Other #:** A text input field.
- Valid Flag:** A checkbox.
- Effective Date:** A date picker.
- End Date:** A date picker.

At the bottom of the form, there are three buttons: 'Confirm License/Certification/Other', 'OK', and 'Cancel'. The footer of the application shows 'Page ID: dgEnrmtAddLicense(Provider)'.

Application ID: 20171115618358

Name: Tester, Test

Close

Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/15/2017	11/15/2017	Complete	
Step 2: Add Locations	Required	11/15/2017	11/15/2017	Complete	
Step 3: Add Specialties	Required	11/15/2017	11/15/2017	Complete	
Step 4: Associate Billing Provider	Optional	11/15/2017	11/15/2017	Complete	
Step 5: Add License/Certification/Other	Required	11/15/2017	11/15/2017	Complete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 7: Associate Billing Agent	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Required			Incomplete	
Step 10: Associate MCO Plan	Optional			Incomplete	
Step 11: 835/ERA Enrollment Form	Optional			Incomplete	
Step 12: Upload Documents	Optional			Incomplete	
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

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- Step 5 is complete
- Click on Step 6: Add Mode of Claim Submission/EDI Exchange

Individual/Sole Proprietor

Step 6: Add Mode of Claim Submission/EDI Exchange

Information needed:

- ☐ Determine appropriate claim submission method(s)
 - Electronic Batch
 - CORE Batch
 - CORE Real Time
 - Billing Agent
 - Paper Claims
 - Direct Data Entry (DDE)

CHAMPS My Inbox Provider

Application ID: 20171115618358 Name: Tester, Test

Mode of Claims Submission/EDI exchange

Please select the submission methods from EDI Exchange and/or Other Claims Submission as applicable.

EDI exchange

Method	Description	Applicable Transactions
<input type="checkbox"/> Electronic Batch	To upload/download HIPAA transactions from screens (Maximum file upload size is 50MB)	837P- Professional (FFS), 837I- Institutional(FFS), 837D- Dental(FFS), 270/271- Eligibility Inquiry/Response, 276/277- Claim Status Inquire/Response
<input type="checkbox"/> CORE Batch	To upload/download HIPAA transactions using CORE Batch Connectivity	270/271- Eligibility Inquiry/Response, 276/277- Claim Status Inquire/Response, 835 Health Care Claim Payment/Advice
<input type="checkbox"/> CORE Real Time	To upload/download HIPAA transactions using CORE Real Time Connectivity	270/271- Eligibility Inquiry/Response, 276/277- Claim Status Inquire/Response
<input type="checkbox"/> Billing Agent	To submit/receive HIPAA transactions through billing agent	837P- Professional (FFS/Encounter), 837I- Institutional(FFS/Encounter), 837D- Dental(FFS/Encounter), 270/271- Eligibility Inquiry/Response, 276/277- Claim Status Inquire/Response, 278/278- Prior Authorization Request/Response, 835- Healthcare Claim payment Advice

Other Claims Submission

Method	Description
<input type="checkbox"/> Paper Claims	To submit FFS paper claims
<input type="checkbox"/> Direct Data Entry(DDE)	To submit FFS claims via online screens

Page ID: digBillingDetails(Provider)

Ok Cancel

Application ID: 20171115618358

Name: Tester, Test

Close

Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/15/2017	11/15/2017	Complete	
Step 2: Add Locations	Required	11/15/2017	11/15/2017	Complete	
Step 3: Add Specialties	Required	11/15/2017	11/15/2017	Complete	
Step 4: Associate Billing Provider	Optional	11/15/2017	11/15/2017	Complete	
Step 5: Add License/Certification/Other	Required	11/15/2017	11/15/2017	Complete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required	11/15/2017	11/15/2017	Complete	
Step 7: Associate Billing Agent	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Required			Incomplete	
Step 10: Associate MCO Plan	Optional			Incomplete	
Step 11: 835/ERA Enrollment Form	Optional			Incomplete	
Step 12: Upload Documents	Optional			Incomplete	
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

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- Step 6 is complete
- Click on Step 7: Associate Billing Agent

Individual/Sole Proprietor

Step 7: Associate Billing Agent

- Click confirm search billing agent to identify an enrolled billing agent

Information needed:

- CHAMPS Billing Agent ID
- Association Start Date
- Determine if authorization is needed for 835 (i.e., Electronic Remittance Advice) transaction response.

CHAMPS

My Inbox Provider

Application ID: 20171115618358 Name: Tester, Test

Associate Billing Agent

Click on the 'Confirm/Search Billing Agent' button to search for a Billing Agent or confirm the Billing Agent entered.

Billing Agent ID: * Billing Agent Name: *
Association Start Date: * Association End Date: *

Authorized Transaction Responses

Transaction Response	Authorized	Start Date	End Date
X12 835 - Healthcare Claim Status	<input type="checkbox"/>		

Confirm/Search Billing Agent OK Cancel

Page ID: dgfEnrollAssocSubscriber(Provider)

CHAMPS

My Inbox Provider

Application ID: 20171115618358 Name: Tester, Test

Associate Billing Agent

Click on the 'Confirm/Search Billing Agent' button to search for a Billing Agent or confirm the Billing Agent entered.

Billing Agent ID: * Billing Agent Name: *
Association Start Date: * Association End Date: *

Authorized Transaction Responses

Transaction Response	Authorized	Start Date	End Date
X12 835 - Healthcare Claim Status	<input type="checkbox"/>		

Confirm/Search Billing Agent OK Cancel

Page ID: dgfEnrollAssocSubscriber(Provider)

Refer to [Enrollment Guide for Individual/Sole Providers](#) for complete step-by-step instructions



Provider ▾



Last Login: 04 DEC, 2018 11:42 AM

Note Pad

External Links ▾

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New Enrollment > Individual Enrollment

Application ID: 20181204171383

Name: Test, Testing

Close

Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	12/04/2018	12/04/2018	Complete	
Step 2: Add Locations	Required	12/04/2018	12/04/2018	Complete	
Step 3: Add Specialties	Required	12/04/2018	12/04/2018	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Complete	
Step 5: Add License/Certification/Other	Required	12/04/2018	12/04/2018	Complete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required	12/04/2018	12/04/2018	Complete	
Step 7: Associate Billing Agent	Required	12/04/2018	12/04/2018	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Required			Incomplete	
Step 10: Associate MCO Plan	Optional			Incomplete	
Step 11: 835/ERA Enrollment Form	Optional			Incomplete	
Step 12: Upload Documents	Optional			Incomplete	
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

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- Step 7 is complete
- Click on Step 8: Add Provider Controlling Interest/Ownership Details
 - *The screens for this step were updated 12/14/18

Individual/Sole Proprietor

Step 8: Add Provider Controlling Interest/Ownership Details

- Provider Ownership and Control Disclosure
 - Home address, date of birth, and Social Security Number, is required from providers and other disclosed individuals (e.g., owners, managing employees, agents, etc.).
- Required Disclosure Information
 - Providers (including fiscal agents and managed care entities) are required to disclose information on ownership and control during enrollment, revalidation, and within 35 days after any change in ownership.
- [Additional Step 8 Resource](#)

Individual/Sole Proprietor

Step 8: Add Provider Controlling Interest/Ownership Details

Information needed for Add Owner:

- ❑ Type of Controlling Interest/Ownership (e.g., Managing Employee)
- ❑ First Name
- ❑ Last Name
- ❑ Social Security Number (SSN)
- ❑ Date of Birth
- ❑ Phone Number
- ❑ Start Date
- ❑ Address
- ❑ City/Town
- ❑ State/Province
- ❑ Country
- ❑ Zip Code
- ❑ Relationship to Controlling Interest/Ownership (e.g., Self, Spouse, None)

The screenshot shows the CHAMPS Provider portal. The 'Add Owner' dropdown menu is open, showing options: Add Owner, Import Owner, Owners Relationships, Owners Adverse Action, and Corporate - Publicly Traded. Below the menu is the 'Owners List' table with columns: Owner, Owner Information, Owner Type, Address, Start Date, End Date, Relationship Status, Adverse Action, and Percentage owned. The table contains one entry for 'Test, Testing' with a percentage owned of 100. Below the table is a section for 'Add Other Owned Entity' with a filter and a 'No Records Found' message.

The screenshot shows the 'Provider Controlling Interest/Ownership' form. It includes fields for: Type (dropdown), SSN, Legal Entity Name, Owner NPI, First Name, Suffix, Phone Number, Start Date, End Date, Percentage Owned, EIN/TIN, Entity Business Name, Last Name, DOB, Email, End Date, Address Line 1, Address Line 2, City/Town, State/Province, County, and Zip Code. There are also buttons for 'OK' and 'Cancel'.

Refer to [Enrollment Guide for Individual/Sole Providers](#) for complete step-by-step instructions

Individual/Sole Proprietor

Step 8: Add Provider Controlling Interest/Ownership Details

- Tasks completed within Step 8: Add Provider Controlling Interest/Ownership Details
 - ❑ Add Owner; or
 - ❑ Import Owner
 - ❑ Owners Relationship
 - ❑ Owners Adverse Action

The screenshot displays the CHAMPS Provider Enrollment System interface. The top navigation bar includes the CHAMPS logo, a user profile, and a 'Last Login' timestamp of 04 DEC 2018 11:42 AM. The main content area is titled 'Per Medicaid Provider Manual' and contains the 'PROVIDER OWNERSHIP AND CONTROL DISCLOSURES' section. This section includes a 'REQUIRED DISCLOSURE INFORMATION' subsection with a list of required information for providers, including name, address, date of birth, and Social Security Number. Below this, there is a 'REQUIRED OWNERS' subsection with a list of required information for owners, including name, address, date of birth, and Social Security Number. The 'Owners List' table is visible, showing columns for Owner SSN/EIN/TIN, Owner Information, Owner Type, Address, Start Date, End Date, Relationship Status, Adverse Action, and Percentage owned. The table contains two rows of data: one for 'Example One' (Managing Employee) and one for 'Test Testing' (Individual). The 'Test Testing' row is highlighted. Below the table, there is a 'List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare' section, which is currently empty.

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
123456789	Example One	Managing Employee	100 N Capital Ave	01/01/2015	12/31/2099	Completed	No	0
123456789	Test Testing	Individual	320 S Grand St	12/01/2018	12/31/2099	Completed	No	100



Provider



Last Login: 04 DEC, 2018 11:42 AM

Note Pad

External Links

My Favorites

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New Enrollment > Individual Enrollment

Application ID: 20181204171383

Name: Test, Testing

Close

Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	12/04/2018	12/04/2018	Complete	
Step 2: Add Locations	Required	12/04/2018	12/04/2018	Complete	
Step 3: Add Specialties	Required	12/04/2018	12/04/2018	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Complete	
Step 5: Add License/Certification/Other	Required	12/04/2018	12/04/2018	Complete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required	12/04/2018	12/04/2018	Complete	
Step 7: Associate Billing Agent	Required	12/04/2018	12/04/2018	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required	12/04/2018	12/04/2018	Complete	
Step 9: Add Taxonomy Details	Required			Incomplete	
Step 10: Associate MCO Plan	Optional			Incomplete	
Step 11: 835/ERA Enrollment Form	Optional			Incomplete	
Step 12: Upload Documents	Optional			Incomplete	
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

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- Step 8 is complete
- Click on Step 9: Add Taxonomy Details

Individual/Sole Proprietor

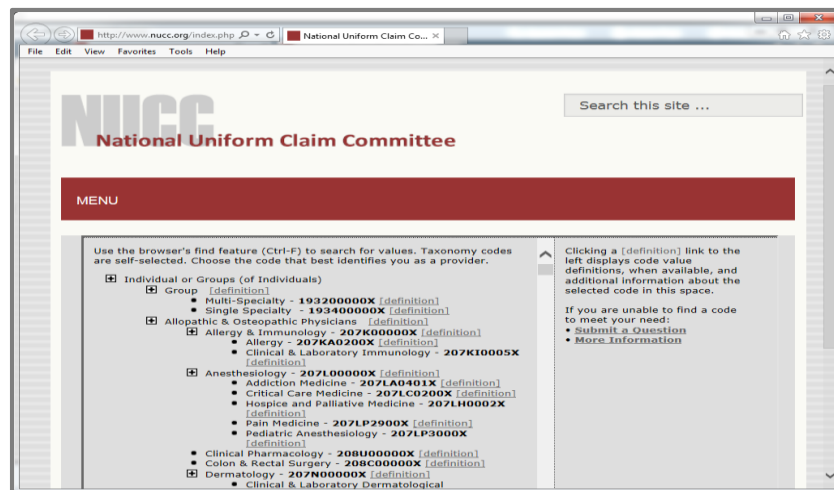
Step 9: Add Taxonomy Details

Information needed:

- ❑ Taxonomy Code
- ❑ Start Date

- For assistance determining the taxonomy code, visit the [National Uniform Claim Committee](http://www.nucc.org) link

The screenshot shows the 'Add Taxonomy' form in the CHAMPS Provider portal. The form includes fields for 'Taxonomy Code' (with a link to the taxonomy list), 'Description', 'Start Date', and 'End Date'. At the bottom, there are buttons for 'Confirm Taxonomy', 'OK', and 'Cancel'.



Refer to [Enrollment Guide for Individual/Sole Providers](#) for complete step-by-step instructions

Application ID: 20171115618358

Name: Tester, Test

Close

Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/15/2017	11/15/2017	Complete	
Step 2: Add Locations	Required	11/15/2017	11/15/2017	Complete	
Step 3: Add Specialties	Required	11/15/2017	11/15/2017	Complete	
Step 4: Associate Billing Provider	Optional	11/15/2017	11/15/2017	Complete	
Step 5: Add License/Certification/Other	Required	11/15/2017	11/15/2017	Complete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required	11/15/2017	11/15/2017	Complete	
Step 7: Associate Billing Agent	Optional	11/15/2017	11/15/2017	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required	11/15/2017	11/15/2017	Complete	
Step 9: Add Taxonomy Details	Required	11/15/2017	11/15/2017	Complete	
Step 10: Associate MCO Plan	Optional	11/15/2017	11/15/2017	Complete	
Step 11: 835/ERA Enrollment Form	Optional	11/15/2017	11/15/2017	Complete	
Step 12: Upload Documents	Optional	11/15/2017	11/15/2017	Complete	
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

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- Step 9 is complete (Please Note: Skipping Steps 10 through 12 as these steps are optional)
- Click on Step 13: Complete Enrollment Checklist

Individual/Sole Proprietor

Step 13: Complete Enrollment checklist

- Answer the questions in the Provider Checklist as appropriate (i.e., yes or no)
- Add Comments if necessary

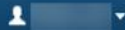
The screenshot displays the CHAMPS web application interface. At the top, there's a navigation bar with 'My Inbox' and 'Provider' tabs. Below this, a breadcrumb trail shows 'MyInbox > New Enrollment > Individual Enrollment'. The main content area is titled 'Medical Assistance Provider Enrollment & Trading Partner Agreement - Conditions'. It includes an 'Application ID: 20171115618358' and a 'Name: Tester, Test'. A 'Submit Application' button is visible, along with a note: 'After reading the Terms and Conditions be sure to check the agreement box located at the end of the document.' The agreement text is presented as a numbered list of 12 conditions, starting with '1. The applicant, and the employer (if applicable), certify that the undersigned has/have the authority to execute this Agreement.' and ending with '12. I am not currently suspended, terminated, or excluded from the Medical Assistance Program by any state or by the U.S. Department of Health and Human Services.'

Refer to [Enrollment Guide for Individual/Sole Providers](#) for complete step-by-step instructions



My Inbox ▾

Provider ▾



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MyInbox > New Enrollment > Individual Enrollment

Application ID: 20171115618358

Name: Tester, Test

Close



Enroll Provider - Individual



Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/15/2017	11/15/2017	Complete	
Step 2: Add Locations	Required	11/15/2017	11/15/2017	Complete	
Step 3: Add Specialties	Required	11/15/2017	11/15/2017	Complete	
Step 4: Associate Billing Provider	Optional	11/15/2017	11/15/2017	Complete	
Step 5: Add License/Certification/Other	Required	11/15/2017	11/15/2017	Complete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required	11/15/2017	11/15/2017	Complete	
Step 7: Associate Billing Agent	Optional	11/15/2017	11/15/2017	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required	11/15/2017	11/15/2017	Complete	
Step 9: Add Taxonomy Details	Required	11/15/2017	11/15/2017	Complete	
Step 10: Associate MCO Plan	Optional	11/15/2017	11/15/2017	Complete	
Step 11: 835/ERA Enrollment Form	Optional	11/15/2017	11/15/2017	Complete	
Step 12: Upload Documents	Optional	11/15/2017	11/15/2017	Complete	
Step 13: Complete Enrollment Checklist	Required	11/15/2017	11/15/2017	Complete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

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- Step 13 is complete
- Click on Step 14: Submit Enrollment Application for Approval

(Please Note: If you chose not to complete optional steps you can still submit your application)

You must complete step 14 to submit your application

Individual/Sole Proprietor

Step 14: Submit Enrollment Application for Approval

Final submission process:

- ❑ Attest the information submitted as a part of the application is correct
- ❑ Read through the Medical Assistance Provider Enrollment & Training Partner Agreement – Conditions
- ❑ Submit Application

CHAMPS

My Inbox Provider

Application ID: 20171115618358 Name: Tester, Test

Final Submission

Application ID: 20171115618358 EnrollmentType: Individual/Sole Proprietor

The information submitted for enrollment shall be verified and reviewed by the State. During this time, any changes to the information shall not be accepted.

I agree that the information submitted as a part of the application is correct (Private and Confidential).

Application Document Checklist

Forms/Documents	Special Instructions	Source	Required
AY	AY	AY	AY

No Records Found!

CHAMPS

My Inbox Provider

Application ID: 20171115618358 Name: Tester, Test

Medical Assistance Provider Enrollment & Trading Partner Agreement - Conditions

In applying for enrollment as a provider or trading partner in the Medical Assistance Program (and programs for which the Michigan Department Of Health and Human Services (MDHHS) is the fiscal intermediary), I represent and certify as follows:

1. The applicant, and the employer (if applicable), certify that the undersigned has/have the authority to execute this Agreement.
2. Enrollment in the Medical Assistance Program does not guarantee participation in MDHHS managed care programs nor does it replace or negate the contract process between a managed care entity and its providers or subcontractors.
3. All information furnished on this Medical Assistance Provider Enrollment & Trading Partner Agreement form is true and complete.
4. The providers and fiscal agents of ownership and control information agree to provide proper disclosure of provider's owners and other persons criminal related to Medicare, Medicaid or Title XX involvement. [42 CFR 455.102]
5. The applicant and the employer agree to provide proper disclosure of any criminal convictions related to Medicare (Title XVIII), Medicaid (Title XX), and other State Health Care Programs (Title V, Title XX, and Title XX)
6. I agree to read the Medicaid Provider Manual from the Michigan Department Of Health and Human Services (MDHHS). I also agree to comply with 1) the terms and conditions of participation noted in the manual, and 2) MDHHS's policies and procedures for the Medical Assistance Program contained in the manual, provider bulletins and other program notifications.
7. I agree to comply with the provisions of 42 CFR 455.104, 42 CFR 455.105, 42 CFR 431.107 and Act No. 280 of the Public Acts of 1939, as amended, which state the conditions and requirements under which participation in the Medical Assistance Program is allowed.
8. I agree to comply with the requirements of Section 6032 of the Deficit Reduction Act of 2005, codified at section 1902 (a)(8)(B) of the Social Security Act which relates to the conditions and requirements of "Employee Education About False Claims Recovery."
9. I agree that, upon request and at a reasonable time and place, I will allow authorized state or federal government agents to inspect, copy, and/or take any records I maintain pertaining to the delivery of goods and services to, or on behalf of, a Medical Assistance Program beneficiary. These records also include any service contract(s) I have with any billing agent/service or service bureau, billing consultant, or other healthcare provider.
10. I agree to include a clause in any contract I enter into which allows authorized state or federal government agents access to the subcontractor's accounting records and other documents needed to verify the nature and extent of costs and services furnished under the contract.
11. I understand that the incentive payment requested using my National Provider Identifier (NPI) number will be made directly to the Tax ID Number (TIN) that was indicated during the registration process.
12. I am not currently suspended, terminated, or excluded from the Medical Assistance Program by any state or by the U.S. Department of Health and Human Services.

Refer to [Enrollment Guide for Individual/Sole Providers](#) for complete step-by-step instructions



My Inbox ▾

Provider ▾



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MyInbox > New Enrollment > Individual Enrollment

Application ID: 20171115618358

Name: Tester, Test

Your Application Number 20171115618358 has been successfully submitted for State review. Return with this application number to track the status of your application. ✕

Close

Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/15/2017	11/15/2017	Complete	
Step 2: Add Locations	Required	11/15/2017	11/15/2017	Complete	
Step 3: Add Specialties	Required	11/15/2017	11/15/2017	Complete	
Step 4: Associate Billing Provider	Optional	11/15/2017	11/15/2017	Complete	
Step 5: Add License/Certification/Other	Required	11/15/2017	11/15/2017	Complete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required	11/15/2017	11/15/2017	Complete	
Step 7: Associate Billing Agent	Optional	11/15/2017	11/15/2017	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required	11/15/2017	11/15/2017	Complete	
Step 9: Add Taxonomy Details	Required	11/15/2017	11/15/2017	Complete	
Step 10: Associate MCO Plan	Optional	11/15/2017	11/15/2017	Complete	
Step 11: 835/ERA Enrollment Form	Optional	11/15/2017	11/15/2017	Complete	
Step 12: Upload Documents	Optional	11/15/2017	11/15/2017	Complete	
Step 13: Complete Enrollment Checklist	Required	11/15/2017	11/15/2017	Complete	
Step 14: Submit Enrollment Application for Approval	Required	11/15/2017	11/15/2017	Complete	

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- Step 14 is now complete, and the application has been submitted to the State for review
- Take note of your Application ID for further tracking – [Track Application Resource](#)
- Click Close

(Please Note: Optional steps may show as incomplete if you chose not to complete. This is ok.)

Provider Resources

- **MDHHS website:** www.michigan.gov/medicaidproviders
- **We continue to update our Provider Resources, just click on the links below:**
 - [Listserv Instructions](#)
 - [Medicaid Provider Alerts and Resources](#)
 - [CHAMPS Website](#)
 - [Update Other Insurance NOW!](#)
 - [Medicaid Provider Training Sessions](#)
 - [Provider Enrollment Website](#)
- **Provider Support:**
 - ProviderSupport@Michigan.gov or 1-800-292-2550

Thank you for participating in the Michigan Medicaid Program